

Entered - 08/01/01 - sb
CL01L0485 - DIANNE C. MITCHELL

01-*R*-1366

CLAIM OF: CYNTHIA HERRICK
5127 Shotwell Street
Woodstock, Georgia 30188

For damages alleged to have been sustained as a result of vehicular damage due to a street defect on July 5, 2001 at Powers Ferry Road and Terrell Mill Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0485

Date: August 7, 2001

Claimant /Victim CYNTHIA HERRICK

BY: (Atty)(Ins. Co.)

Address: 5127 Shotwell Street, Woodstock, Georgia 30188

Subrogation: Claim for Property damage \$ 271.97 Bodily Injury \$

Date of Notice: 07/30/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/05/01 Place: Powers Ferry Road and Terrell Mill Road

Department Division:

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges she damaged her vehicle when she drove over an undisclosed defect in the roadway. The investigation determined that the location of the incident is outside the Atlanta City limits and is within the boundaries of Cobb County. The claimant has been advised to pursue her claim directly with Cobb County.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police Dept Report Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial

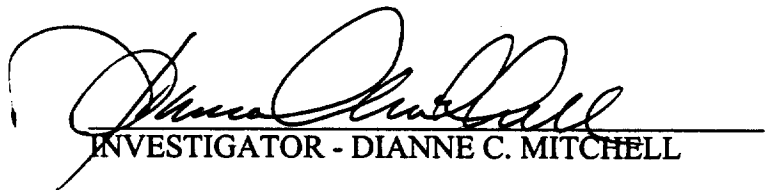
Improper Notice More than Six Months Other Damages reasonable

City not involved X Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager:  Concur/date 08-07-01

Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUL 30 2001

MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: 7/17/01

Dear Municipal Clerk:

ENTERED - 8-1-01 - SB
01L0485 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 271.97 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 7-5-01 (month/day/year) 2. Time of Incident: 8:30 AM 3. Police called: _____ Yes ☒ No ☒

4. Location of incident (including street address): Intersection of Powers Ferry + Terrell Mill Rd

5. Name of your insurance company: Allstate Policy No. 0950981003 01/0

6. State what and how incident occurred: I pulled up to the stoplight at the intersection mentioned above. As the light turned green and I pulled forward I felt my tire rim hitting, which I knew meant a flat. I pulled into the 1st business park & called for a tow so I could get the tire replaced.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 2001 Nissan Pathfinder 332XTJ Cynthia Herrick
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Jason Alvarez 5127 Shotwell Street 770-517-0992
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Cynthia Herrick
Signature of Claimant

Cynthia Herrick
(Print Claimant's Name)

5127 Shotwell Street
(Address)

Woodstock, GA 30188
(City, State and Zip Code)

770-618-8176 770-517-0992
(Work Number) (Home Number)

01- R-1366